

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
HD  
2008 JAN 22 AM 9:54

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Michael J. Reasoner

Political Party (if applicable)

Democratic

Office Sought

State Representative

District (if Senate or House)

95

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1343</u>
Logged In	<u>5</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mike Reasoner

SIGNATURE OF PERSON FILING REPORT

641-782-2693

TELEPHONE

1-19-08

DATE SIGNED

I AM FILING A January 22, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,769.61

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

10,639.56

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 13,409.17

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,069.77

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 12,339.40

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5-31-07	ID# 6027 CK# 2574	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309-2507		\$ 500.00	<input type="checkbox"/>
7-20-07	ID# 8025 CK# 601	United Transportation Union PAC 14600 Detroit Avenue Cleveland, OH 44107		500.00	<input type="checkbox"/>
7-20-07	ID# 6067 CK# 3678	Iowa Health PAC 6750 Westown Parkway, #100 West Des Moines, Iowa 50266		250.00	<input checked="" type="checkbox"/>
7-20-07	ID# CK#	Steven Ackerson 1634 NW 131st Street Clive, Iowa 50325		100.00	<input checked="" type="checkbox"/>
7-20-07	ID# CK#	Diane Sarich 2655 Pole Road Diagonal, Iowa 50845		50.00	<input checked="" type="checkbox"/>
7-25-07	ID# CK#	Andrew Baumert 5068 Coachlight Drive West Des Moines, Iowa 50265-6928		25.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6059 CK# 3000	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, Iowa 50265		150.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6064 CK# 2157	Iowa Friend of Rural Electrification 8525 Douglas Avenue, Suite 48 Des Moines, Iowa 50322		250.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6046 CK# 4338	Justice For All PAC 218 6th Avenue, Suite 526 Des Moines, Iowa 50309-4091		100.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6052 CK# 3156	Independent Insurance Agents of Iowa PAC 4000 Westown Parkway, Suite 200 West Des Moines, Iowa 50265		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2,025.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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7-25-07	ID# 6058 CK# 4053	Iowa Chiropractic Society PAC 1605 North Ankeny Boulevard, Suite 100 Ankeny, Iowa 50023		\$ 100.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6021 CK# 2127	Credit Union PAC Committee P.O. Box 10409 Des Moines, Iowa 50306		500.00	<input checked="" type="checkbox"/>
7-25-07	ID# CK#	Jim Obradovich 2418-35th Street Des Moines, Iowa 50310		20.00	<input checked="" type="checkbox"/>
7-25-07	ID# 6070 CK# 3529	Iowa LAW PAC 521 East Locust Street, 3rd Floor Des Moines, Iowa 50309-1939		200.00	<input checked="" type="checkbox"/>
7-25-07	ID# CK#	Susan Cameron 600 Brentwood Drive Waukee, Iowa 50263		100.00	<input checked="" type="checkbox"/>
7-27-07	ID# 6099 CK# 1113	Meredith Corp. Employees Fund For Better Gov't 1716 Locust St Des Moines, IA 50309-3023		100.00	<input type="checkbox"/>
8-2-07	ID# 6004 CK# 4627	Associated General Contractors of Iowa PAC 701 East Court Avenue Des Moines, Iowa 50309-4941		500.00	<input type="checkbox"/>
8-3-07	ID# 8028 CK# 2235	Monsanto Citizenship Fund 800 North Lindbergh Boulevard St. Louis, MO 63167		250.00	<input type="checkbox"/>
8-7-07	ID# CK#	Jim McGrath P.O. Box 212 Afton, Iowa 50830-0212		50.00	<input type="checkbox"/>
8-21-07	ID# CK#	John Hartung 1011 Scott Felton Road Indianola, Iowa 50125		150.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,970.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

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8-22-07	ID# CK#	Allan Jones 450 Antole Lane NW Cleveland, TN 37312		\$ 250.00	<input type="checkbox"/>
8-27-07	ID# 8251 CK# 1836	PRINPAC 711 High Street Des Moines, Iowa 50392		500.00	<input type="checkbox"/>
9-18-07	ID# CK#	Anthony Double 604 North Walnut Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
9-19-07	ID# CK#	James MacGilvray 200 Liberty Street New York, NY 10281		2,300.00	<input type="checkbox"/>
9-20-07	ID# CK#	Terence Meehan 101 West 79th Street New York, NY 10024-6474		1,000.00	<input type="checkbox"/>
9-20-07	ID# 6027 CK# 2627	Deere PAC 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309-2507		750.00	<input type="checkbox"/>
10-11-07	ID# 6486 CK# 1669	Iowa Telecom PAC 115 South 2nd Avenue W Newton, Iowa 50208		200.00	<input type="checkbox"/>
10-12-07	ID# CK#	Scott Lawlor 1375 Broadway, 21st Floor New York, NY 10018		1,700.00	<input type="checkbox"/>
12-6-07	ID# 6058 CK# 4185	Iowa Chiropractic Society PAC 1605 North Ankeny Boulevard, Suite 100 Ankeny, Iowa 50023		100.00	<input type="checkbox"/>
12-12-07	ID# 8473 CK# 2008	Aquila Employee PAC 20 West 9th Street, 2nd Floor Kansas City, MO 64105		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 7,100.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-1-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	\$ 2.06	<input type="checkbox"/>
2-5-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.67	<input type="checkbox"/>
3-5-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.11	<input type="checkbox"/>
4-2-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.09	<input type="checkbox"/>
5-7-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.44	<input type="checkbox"/>
6-4-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	1.80	<input type="checkbox"/>
7-2-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.11	<input type="checkbox"/>
8-6-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	2.64	<input type="checkbox"/>
8-31-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	3.65	<input type="checkbox"/>
10-1-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int	5.67	<input type="checkbox"/>
SUB-TOTAL				\$ 27.24	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Reasoner For State Representative

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-5-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	\$ 9.72	<input type="checkbox"/>
12-3-07	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check. Acct. Int.	7.60	<input type="checkbox"/>
8-21-07	ID# CK#	Harlan Racing Kennel 905 West Lubbock Street Slaton, Texas 79364-3740			<input type="checkbox"/>
	ID# CK#	Check # 1079, refund of contribution received 10-7-2006		(500.00)	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ (482.68)	
TOTAL (if last page of this schedule)				\$ 10,639.56	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-16-07	ID# CK#	Treasurer - State of Iowa State Capitol Des Moines, Iowa 50319	Stationery	\$ 71.00
2-20-07	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	52.00
3-19-07	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	23.40
3-27-07	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	23.92
4-23-07	ID# CK#	U.S. Postmaster State Capitol Des Moines, Iowa 50319	Stamps	342.36
7-25-07	ID# CK#	The Continental 428 East Locust Street Des Moines, Iowa 50309	Fundraiser	90.00
12-31-07	ID# CK#	Rod Aycox 2000 Leadenhall Way Alpharetta, GA 30022	Check #1043, refund of contribution not cleared (issued 12-31-05)	(500.00)
12-31-07	ID# CK#	Mike Reasoner 702 New York Avenue Creston, Iowa 50801	Mileage 1,994 x .485 = 967.09	967.09
SUB-TOTAL				\$ 1,069.77
TOTAL (if last page of this schedule)				\$ 1,069.77

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)